



**SPRINGS RESCUE MISSION
ETHICAL DISCLOSURE STATEMENT & CERTIFICATION FOR PARTNERING AGENCIES**

Springs Rescue Mission (SRM) requires agencies who receive goods and services from SRM to complete an Ethical Disclosure Statement and Certification on an annual basis. Please read this document in its entirety and sign below if you wish to be a partner agency with SRM and receive goods, services, and/or funds from SRM.

NAME OF ORGANIZATION: _____

ADDRESS: _____ CITY: _____

STATE & ZIP: _____ TAX ID#: _____

CORPORATE PHONE NO. _____ ARE YOU A 501(C)3? YES NO

1. Is this an address change from last year? YES NO

Previous Address: _____

2. Is this a name change from last year? YES NO

Previous Change: _____

3. Did your organization make any grants, awards and/or donations to any of the following:

- A. Affiliated or closely held organization – on a VOLUNTARY basis? YES NO
- B. Individuals and/or organizations? YES NO

4. Does your organization file a 990? YES NO

A. If so, what are your current percentages?

Administration: _____ Fundraising: _____ Programs: _____

Please enclose a copy of your organization's current Articles of Incorporation.

5. Does your organization have a written conflict of interest policy? YES NO

6. Did your organization make a change in its activities or methods of conducting activities? YES NO.

A. If yes, please attach explanation.

7. Were any changes made in the organization or governing documents, but not reported to the IRS?
 YES NO



8. During the past year, has your organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary?
- A. Sale, exchange, or leasing of property ___ YES ___ NO
- B. Lending of money or other extension of credit ___ YES ___ NO
- C. Furnishing of goods, services, or facilities ___ YES ___ NO
- D. Payment of compensation or reimbursement of expenses of more than \$1,000 ___ YES ___ NO
- E. Transfer of any part of its income or assets ___ YES ___ NO
9. If you answered "YES" to any of the previous questions, please describe the transaction, including
- A. General nature of transaction (i.e. purchase of janitorial services from Joe Smith, Director; sale of surplus office equipment to Jane Thomas, President).
- B. Amount of money paid or received, and other terms.
- C. Method used to determine the amount paid or received by organization, including any factors which may have caused the amount to appear to be less or more than fair market value.
- D. The name and title of the person or group that approved the transaction and if the board approved it, the date of board approval.
10. Before associating with any other tax-exempt organization, does your organization research various databases in an attempt to discover any possible connections to terrorist-related activities?" ___ YES ___ NO
- As a partnering agency with SRM who receives goods and/or funds from SRM:
We, (Agency) _____ agree to refrain from using the funds and/or goods for the following:
 - A. We will not undertake any activity for any purpose other than a religious, charitable, scientific, literary, education, or other purpose specified in IRS code section 170(c)(2)(B).
 - B. We will not cause any private inurement or improper private benefit to occur, or to take any other action inconsistent with Section 501(c)(3) of the IRS code.
 - C. We will not make any substantial attempt to influence legislation in any nation or other political unit.
 - D. We will not influence in any nation or other political unit the outcome of any election for or against any candidate for public office.
 - E. We will not resell goods received from SRM.
 - F. Further, we agree to furnish SRM with our IRS letter of determination to confirm our eligibility to be a partnering agency who receives goods and/or funds from SRM.

